

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10702430**
APPLICANT(S)

FILED DATE **11-07-08**

5/17/06

CLAIMS

	AS FILED		AFTER 1ST ASSIGNMENT		AFTER 2ND ASSIGNMENT	
	DID	DEP	DID	DEP	DID	DEP
1	1		1			
2		1		1		
3		2		2		
4		2		2		
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50						
TOTAL IND.	1		1			
TOTAL DEP.	7		7			
TOTAL CLAIMS	8		8			

	DID	DEP	DID	DEP	DID	DEP
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